

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

...and to make of diseases on basis of this Certificate.

Health Department, City of Baltimore.

Permit No. 99120 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Brady Campbor.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male.

Age, Years, Two (2) Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 207 Dawson Alley.

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, April 9th 1887.

{ Undertaker, Hercules Ross. } James A. Murray M. D.

{ Place of Business, Conway St } Council of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning Inspector

Permit No. 99121 Office of Registrar of Vital Statistics. Ward 19

Health Department, City of Baltimore.

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CERTIFICATE OF DEATH.

Date of Death, *April 7th 1887*

Full Name of Deceased, *William Connedman*

Sex, *Male* or *Female*, *Male*

Age, *61* Years, *White* Months, *19* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, *Single*

Occupation, *Veterinary Surgeon*

Birth Place, *Baltimore*

Duration of Residence in the City of Baltimore, *Life-Time*

Place of Death, *531 N. Mount St*

Cause of Death, *Hemiplegia*
Myocarditis

Duration of Last Sickness, *About 3 Weeks*

Place of Burial, *Woodlawn Park*

Date of Burial, *April 10th 1887*

Undertaker, *J E Mough*

Place of Business, *1401 Linden Ave*

Medical Attendant, *R McQueen M. D.*

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99122 Office of Registrar of Vital Statistics. Ward 11th

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CERTIFICATE OF DEATH.

Date of Death, Apr 8 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Kreuzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 6 Months, 21 Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 50- Biddle Alley, (old)

Cause of Death, {First (Primary), Chronic Indigestion. Second (Immediate),}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 11

{ Undertaker, Walter Immel } Attest J. H. Stueck M. D. Medical Attendant.

{ Place of Business, 594 W. Biddle } Address, Corner of Archer & Presman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Wise

Sex, Male or Female, { cross out the word not required in this line. } Boy

Age, 4 Years, 4 Months, ✓ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Don't know

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Don't know

Duration of Residence in the City of Baltimore, 2 1/2 Years

Place of Death, { Give street and number } 35 (742) Pierce St

Cause of Death, { First, (Primary.) Copious Bronchitis Second, (Immediate,) 14 Days }

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Apr 7, 1887

Undertaker, Alex Henshaw

Place of Business, 56 Arch St Address, Homoeopathic Free Dispensary

W. D. J. Methop Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99124 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, April 7/87

Full Name of Deceased, John Durham { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, Male { Cross out the word not required in this line. }

Age, 31 Years, 11 Months, 29 Days ☒

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, waiter

Birth Place, Baltimore City - { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, life

Place of Death, Ad no 35 Harmony Lane { Give Street and Number. }

Cause of Death, Consumption { First (Primary), }
Assthenia { Second (Immediate), }

Duration of Last Sickness, 3 years (I only saw him once)

All the above information should be furnished by the Physician.

Place of Burial, Shirley St Cem

Date of Burial, Apr 10th 1887

Undertaker, Alex. Hemmick James E. Gibbons M. D. Medical Attendant.

Place of Business, 561 Orchard Address, 833 Edmondson Ave

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99125 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 8th April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Crawford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Forty Six Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 924 St Paul Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 924 St Paul Ave

Cause of Death, { First (Primary), Second (Immediate), } Asthma Heart disease
Sudden Heart failure

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp, St. Com.

Date of Burial, April 10th 1887

{ Undertaker, } Wm J Gray C B Gamble M. D.

{ Place of Business, } 210 Calverly Address, 925 Calverly

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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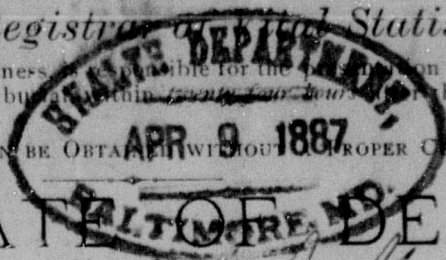
[OVER.]

Board of Health, City of Baltimore.

Permit No. 99126 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 8th 8.30 A.M. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas O'Connell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Galloway

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 218 S. Ann St

Cause of Death, { First (Primary), Second (Immediate). } Valvular Heart disease
Conjunctive Chills

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 11th 1887

Undertaker, M. Clark & Son Medical Attendant, James E. Drinnell M.D.

Place of Business, Pr. O. Ann Address, 1701 E. Baltimore St

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[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99127

Office of Registrar & Statistics.

Ward 7²

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis X Schaefer

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, — Months, 18 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1116 Gortz Ave

Cause of Death, { First (Primary), Mania }
Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, April 10, 1887

{ Undertaker, Henry Hoch } Medical Attendant, F. Warner M. D.

{ Place of Business, 1023 Central Ave } Address, 1123 Valley St

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99128 Office of Registrar of Vital Statistics. Ward 11

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CERTIFICATE OF DEATH.

Date of Death, April 7th 1887

Full Name of Deceased, Elizabeth Merrill

Sex, Male or Female, Female

Age, 80 Years, Months, Days

Color, dark brown

Married, Single, Widow or Widower, Widow

Occupation, Cook

Birth Place, Locomo City

Duration of Residence in the City of Baltimore, 15 years

Place of Death, 443 Little Monument st

Cause of Death, First (Primary), Old age
Second (Immediate), Apoplexy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Apr 9th 1887

Undertaker, S. W. Chase Medical Attendant, John A. Dickson M. D.

Place of Business, 1641 S. Howard Address, 1018 Madison Ave

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Fill in this Certificate.

Health Department, City of Baltimore.

Permit No. 99129 Office of Registrar of Vital Statistics. Ward 18th

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CERTIFICATE OF DEATH.

Date of Death, 4.7.87.

Full Name of Deceased, Eliy. Weaver
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, _____ Months, _____ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Washerwoman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Northumberland Co. Pa.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give Street and Number. } 415 Hamburg St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10 1887

Undertaker, S. W. Chase M. D.

Place of Business, 41 Howard Address, 349 Lomb Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]